SUMMARY SHEET

FORM (RF-3)

	emium or rate level produced b	y rate revision
Effective November 14,		(0)
(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change $(+ \text{ or } -)^{**}$
A		
1. Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
•		
7. Surety		
8. Boiler and Machinery	,—————	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	·	
15. Other Snowmobiles	\$ 288,470	- 20.0%
If so, specify: Brief description of filing. (If filing forganization):	ollows rates of an advisory Rate and Rule Revision for Sr	nowmobiles
	-	
*Adjusted to reflect all prior rate ch **Change in Company's premium le result from application of new rat	vel which will	
	AMERICAN F	AMILY MUTUAL INS. CO.
.		Name of Company
	Λ .	eye
•		
		Official Tiple
•		Official – Title
	James P. Meye	r, ACP, AIM
	Senior Pricing	Analyst/Filings
		- -
N 4 1 1 2		

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

(1)		
	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Suretý		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Manufactured Homeowner Line of Insurance	\$170,560	+7.8%
Does filing only apply to certain territory (ter	ritories) or certain classes? It so, specify:	<u> </u>
Brief description of filing. (If filing follows adding Multi-Year Term Factors and seve \$2,500 Deductible Option; removing Broad	eral optional coverages such as Water B Form for Rental/Commercial: increasing b	<u>ack Up of Sewers or Drains and a</u>
Senior DW programs. Please refer to the C	ner Package program; aligning rating fact Cover Letter for more detailed description o	<u>ors for our DW Owner Package and</u>
Senior DW programs. Please refer to the C *Adjusted to reflect all prior rate changes.	Cover Letter for more detailed description o	<u>ors for our DW Owner Package and</u>
Senior DW programs. Please refer to the C *Adjusted to reflect all prior rate changes.	Cover Letter for more detailed description of the will result from application of new rates.	ors for our DW Owner Package and for the following for our DW Owner Package and for the following for
Senior DW programs. Please refer to the C *Adjusted to reflect all prior rate changes.	Cover Letter for more detailed description of the control of the c	<u>ors for our DW Owner Package and</u>
Senior DW programs. Please refer to the C *Adjusted to reflect all prior rate changes. **Change in Company's premium level which	Cover Letter for more detailed description on the control of the c	ors for our DW Owner Package and f changes. can Modern Home ame of Company
Senior DW programs. Please refer to the C *Adjusted to reflect all prior rate changes. **Change in Company's premium level whice	Cover Letter for more detailed description on the control of the c	ors for our DW Owner Package and for changes. can Modern Home

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	evel produced by rate revision effective	2/15/2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Manufactured Homeowner	\$383,415	+11.26%
Line of Insurance		
Brief description of filing. (If filing followadding Multi-Year Term Factors and se \$2,500 Deductible Option; removing Bro Owner Package program and our SW C	(territories) or certain classes? If so, specify or sates of an advisory organization, specieveral optional coverages such as Water ad Form for Rental/Commercial; increasing owner Package program; aligning rating face Cover Letter for more detailed description	cify organization): In this filing we are Back Up of Sewers or Drains and a g base rates; combining our Senior SW actors for our DW Owner Package and
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate	es.
	Ame	erican Modern Select
		Name of Company
	Traci	Burbage – State Filer
		Official – Title



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

Change in Company's premium or ra	ite level produced by rate revision
effective November 1, 2008	

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Personal Watercraft	\$43,175	-10.1%
	Life of Insurance	440,110	101170
•		er en	
	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	certain
	Brief description of filing. (If file Organization, specify organization):	· · · · · · · · · · · · · · · · · · ·	
	Revise chart and boat type factors and in	nplement countrywide revisions to	the General Rules
		1. 1	
	*Adjusted to reflect all prior ra **Change in Company's prem	ite cnanges. iium level which will resul	t from application of new
	rates.		
	•	Amica Mutual Insu	
			me of Company
		David N. Prario - Ad	
	•	(Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009 new 03/01/2009 renewal.

-	(1)	(2) Annual Premium	(3) Percent
	Coverage -	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		,
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other COMMERCIAL PACKAGE	\$6,503,870	+2.7
	Life of Insurance		
*	Does filing only apply to certain Classes? If so, specify: NO	in territory (territories) or	certain
	Brief description of filing. (If fi	ling follows rates of an ac	tvison
	Organization, specify	ing follows rates of arr ac	avisory
	organization):	ISO COMMERCIAL PACK	AGE RULES ML-2008-RLA1
	o.ga <u>.</u>		
	*Adjusted to reflect all prior ra **Change in Company's prem rates.	te changes. ium level which will resul	t from application of new
	14(00).	Capitol Indemnity C	Corporation
	•		ne of Company
		Amanda Mullen, Pro	, ,
			Official – Title

SUMMARY SHEET

Official - Title

(Change in	Company's premium or ra	ate level produced by rate revision effective	ve 05/01/2009
		(1)	(2)	(3)
			Annual Premium	Percent
		Coverage	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
1.	Automo	obile Liability		
		e Passenger		
	Comm	nercial		
2.		bile Physical Damage		
		e Passenger		
	Comm		<u> </u>	
		y Other Than Auto		
		y and Theft		
	Glass			
ó,	Fidelity	•		
7.	Surety	•		
3.		and Machinery		
).	Fire			
).	Extende	ed Coverage		
١.	Inland !			
2.	Homeo			
3.		ercial Multi-Peril		
1.	Crop H			
5.	Other	General Liability	EFIC: \$1,123,290	+ 8.7
		Line of Insurance		
es f	iling only	apply to certain territory (territories) or certain classes? If so, speci	fy:
his	filing is fo	ollowing rates of an ISO a	ws rates of an advisory organization, speci doption specified in the general descriptio	
Cl	hange in C	reflect all prior rate chang Company's premium level application of new rates.	ges. which will	
				ployers' Fire Insurance mpany
				Name of Company
			Che	eryl Turner, AVP Statistics and

Form (RF-3)

SUMMARY SHEET

(e level produced by rate revision effective	1/1/09
	(1)	(2)	(3) Percent
	Coverage	Annual Premium Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Compak	\$166,654	-15.0
	Line of Insurance		
Does f	iling only apply to certain territory (t	erritories) or certain classes? If so, specify:	
In add	description of filing. (If filing follow ition to Compak policies, we would line Property and General Liability p	s rates of an advisory organization, specify of ike to implement the Experience Credit and olicies.	organization): Premium Size Credit to

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance Com Name of Company

Shelly Hawes R&D Senior Associate

Official - Title

Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 8. Commercial Multi-Peril 9. Crop Hail 9. Other General Liability OBAIC: \$2,264,203 ### 8.7 Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: Inland Marine	(Change in Company's premium or ra	te level produced by rate revision effect	otive 03/01/2009
I. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 9. Homeowners 1. Crop Hail 2. Homeowners 3. Commercial Multi-Peril 3. Company by to certain territory (territories) or certain classes? If so, specify: The description of filing, (If filing follows rates of an advisory organization, specify organization): This filing is following rates of an ISO adoption specified in the general description tab. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Name of Company Cheryl Turner, AVP Statistics and Reporting		(1)		Percent
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 8. Commercial Multi-Peril 9. Crop Hail 9. Other General Liability OBAIC: \$2,264,203 ### 8,7 Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: Inland Marine		<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Inland Marine 1. Inland Marine 1. Inland Marine 2. Homeowners 8. Commercial Multi-Peril 9. Corp Hail 9. Other General Liability 1. OBAIC: \$2,264,203 1. # \$8.77 Line of Insurance 1. Line of Insurance 1. Lines of Insurance 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other General Liability 6. Obaic: \$2,264,203 6. # \$8.77 Line of Insurance 1. Inland Marine 1. Crop Hail 6. Crop Hail 7. Crop Hail 8. Crop Hail 8. Crop Hail 8. Crop Hail 9. Obaic: \$2,264,203 1. # \$8.77 Line of Insurance 1. Inland Marine 1. Crop Hail 9. OneBeacon Americal Insurance 1. Crop Hail 1. Crop	1.	Automobile Liability		
Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 5. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 1. Homeowners 1. Crop Hail 1. Crop Hail 1. Crop Hail 1. The of Insurance 1. Inland Marine 1. In the of Insurance 1. In the filing only apply to certain territory (territories) or certain classes? If so, specify: 1. In the of Insurance Insurance In the general description of Illing is following rates of an advisory organization, specify organization): 1. In the of Insurance Ins				
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Fire 9. Linland Marine 2. Homeowners 8. Commercial Multi-Peril 9. Crop Hail 9. Other General Liability 1. Crop Hail 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other General Liability OBAIC: \$2,264,203 ### 87 Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: Insurance Insurance Insurance	_			
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 8. Commercial Multi-Peril 8. Crop Hail 9. Other General Liability 1. OBAIC: \$2,264,203 1. The standard of Insurance 1. Insuranc	2.			
S. Liability Other Than Auto B. Burglary and Theft G. Glass G. Glass S. Fidelity T. Surety S. Boiler and Machinery D. Extended Coverage Inland Marine C. Ilomeowners Commercial Multi-Peril Commercial Multi-Peril Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: In a specific description of filing. (If filing follows rates of an advisory organization, specify organization): his filing is following rates of an ISO adoption specified in the general description tab. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting				
I. Burglary and Theft Glass Glass S. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 8. Commercial Multi-Peril 8. Crop Hail 9. The General Liability OBAIC: \$2,264,203 # 8.7 Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: (a) lef description of filing. (If filing follows rates of an advisory organization, specify organization): his filing is following rates of an ISO adoption specified in the general description tab. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting	ž			
Glass Fidelity Fire Discrety Bis Boiler and Machinery Company's premium level which will result from application of new rates. Glass Fire Discrety Cheryl Turner, AVP Statistics and Reporting				
Surety Su		- -		
8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 8. Commercial Multi-Peril 8. Crop Hail 9. Line of Insurance 1. Line of Insurance Insurance 1. Line of Line of Insurance 1. Line of Insurance Insurance 1. Line of Insurance 1. Line of Insurance 1. Line of Company 1. Line of Insurance 1. Line				
Boiler and Machinery Fire D. Extended Coverage Linland Marine Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: fa description of filing. (If filing follows rates of an advisory organization, specify organization): his filing is following rates of an ISO adoption specified in the general description tab. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting	7.	•		
D. Extended Coverage I. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other General Liability OBAIC: \$2,264,203 + 8.7 Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: (a) lief description of filing. (If filing follows rates of an advisory organization, specify organization): his filing is following rates of an ISO adoption specified in the general description tab. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting	8.			
I. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other General Liability OBAIC: \$2,264,203	9.	Fire		
I. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other General Liability OBAIC: \$2,264,203	n	Extended Coverage		
2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other General Liability OBAIC: \$2,264,203 + 8.7 Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: (a) ief description of filing. (If filing follows rates of an advisory organization, specify organization): his filing is following rates of an ISO adoption specified in the general description tab. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting	0. 1.			
3. Commercial Multi-Peril 4. Crop Hail 5. Other General Liability OBAIC: \$2,264,203 + 8.7 Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: def description of filing. (If filing follows rates of an advisory organization, specify organization): his filing is following rates of an ISO adoption specified in the general description tab. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting	2.			
A. Crop Hail Other General Liability DBAIC: \$2,264,203 H 8.7 Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: //a ief description of filing. (If filing follows rates of an advisory organization, specify organization): his filing is following rates of an ISO adoption specified in the general description tab. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting	3.			
Cheryl Turner, AVP Statistics and Reporting Ces filing only apply to certain territory (territories) or certain classes? If so, specify: (a	4.			
Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: /a itef description of filing. (If filing follows rates of an advisory organization, specify organization): his filing is following rates of an ISO adoption specified in the general description tab. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting	5.	•	OBAIC: \$2,264,203	+ 87
es filing only apply to certain territory (territories) or certain classes? If so, specify: (a ief description of filing. (If filing follows rates of an advisory organization, specify organization): his filing is following rates of an ISO adoption specified in the general description tab. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting		Line of Insurance		
Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting	es f	iling only apply to certain territory (territories) or certain classes? If so, sp	ecify:
Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting				
Change in Company's premium level which will result from application of new rates. OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting	ief o	description of filing. (If filing follow filing is following rates of an ISO ac	ys rates of an advisory organization, sp loption specified in the general descrip	ecify organization): tion tab.
OneBeacon America Insurance Company Name of Company Cheryl Turner, AVP Statistics and Reporting				
Company Name of Company Cheryl Turner, AVP Statistics and Reporting	re	sult from application of new rates.	which will	
Name of Company Cheryl Turner, AVP Statistics and Reporting				
Reporting			- - -	
Reporting			-	
/ ITTIOIOL 1410				Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		<u> </u>
Automobile Physical Damag		
Private Passenger		
Commercial		
_iability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire .	·	
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Businessowners	2508822	-3.0%
Life of Insurance		
Does filing only apply to certa	in territory (territories) or	certain
Classes? If so,		•
specify: <u>No-app</u>	licable to all territories and c	lasses
D 1 6 1	T f - U	
Brief description of filing. (If f	lling tollows rates of an ac	avisory
Organization, specify	Mo are adenting rate a	hanga through rata docress
organization): the base rates for IL BOP program		hange through rate decreas

Westfield Insurance Company Name of Company Cassie VanValkenburgh, Line of Business Specialist Official - Title

^{**}Change in Company's premium level which will result from application of new rates.